

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number: UDL-121US
First Named Inventor: Jeremy Fairbank

COMPLETE IF KNOWN

Application Number:

Filing Date:

Art Unit:

Examiner Name:

☒ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR STIMULATION OF THE HUMAN BODY

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as a United States Application, PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefit under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or PCT international application which designated at least one country other than the United States of America listed below and have identified the same, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/GB2004/000496	WO	16 August 2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0319284.6	GB	15 August 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true, and that I make these statements with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle)

Family Name or Surname

Jeremy

FAIRBANK

Inventor's Signature

Date: _____

Residence: City: Oxford

State:

Country: Great Britain

Citizenship: Great Britain

Mailing Address: University of Oxford Orthopaedic Surgery

Mailing Address: Nuffield Orthopaedic Centre, Windmill Road

City: Oxford

State:

Zip: OX3 7LD

Country: Great Britain

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Malcolm		McMILLON	
Inventor's Signature _____		Date: _____	
Residence: City: Oxford	State:	Country: Great Britain	Citizenship: South African
Mailing Address: University of Oxford Engineering Science			
Mailing Address: Parks Road			
City: Oxford	State:	Zip: OX1 3PJ	Country: Great Britain
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Country:	
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			